

spread to the general peritoneum during menstruation and after childbirth. Although peritonitis from this cause is rare, the writer believes that the peritoneum is not immune to infection any more than other serous membranes. It may be explained by reference either to the unusual virulence of the gonorrhœal poison or to peculiar susceptibility of the peritoneum.

Surgical Operation for Hysteria.—SANDER (*Deutsche med. Wochenschrift*, 1899, No. 36) cites two cases of hysteria, in one of which operative celiotomy was performed twice and in the other four times with negative results. In the first all the symptoms of intestinal obstruction were present, while in the second it was supposed each time that perforation had occurred.

The author emphasizes the importance of considering the general condition of the patient with local symptoms which are apparently grave. The pulse and temperature are not affected in hysterical subjects, and the attacks of pain are apt to be most severe when a physician is present. In case a celiotomy is performed with negative results, the persistence of the same symptoms points to hysteria. These patients should be isolated and carefully watched.

Ruptured Ectopic Gestation Complicating Strangulated Hernia.—TIXIER (*Lyon Med.*; *Centralblatt für Gynäkologie*, 1900, No. 24) cites a case of strangulated hernia in which an operation was performed two days before the menstrual period. After the sac was opened and the gut replaced the patient suddenly collapsed. Hemorrhage from the intestine being suspected, median celiotomy was done, and the abdomen was found to be filled with blood which came from a ruptured tubal pregnancy the size of a walnut. It was removed, but the patient succumbed on the second day.

Total Extirpation of the Septic Uterus.—ZIPPERIEN (*Inaug. Dis.*; *Centralblatt für Gynäkologie*, 1900, No. 24) describes two cases of Döderlein's. In the first severe septic symptoms, due to the retained placenta fragments, persisted after two curettements. The uterus was removed per vaginam with a successful result. In the second case a septic double uterus, containing multiple interstitial fibroids, was extirpated by abdominal section, the patient making a good recovery. The writer collected 74 cases of operations, with 36 recoveries and 38 deaths. He recommends the vaginal route except in complicated cases.

Combination of Cancer of the Ovary and Stomach.—TIBURTINS (*Inaug. Dis.*; *Centralblatt für Gynäkologie*, 1900, No. 26) adds two cases to the two already reported, the associated conditions being extremely rare. Careful study of his cases led him to conclude that the cancer was primary in the stomach and extended by metastasis to the peritoneum, glands, and both ovaries.

Solid Ovarian Tumors.—DARTIGNES (*Rev. de Gyn. et de Chir. Abdom.*; *Centralblatt für Gynäkologie*, 1900, No. 26) summarizes a paper on this subject as follows: 1. Solid ovarian tumors are usually malignant, fibromata being rare. 2. Their malignancy increases with the age of the patient, fibromata being most common in young women, sarcomata later in life, then cancer.

3. Heredity plays little part.
4. Double tumors are most apt to be malignant.
5. The neoplasm may retain the shape of the ovary, irregularities of the surface would suggest malignancy as well as marked vascularity.
6. Fibromata are usually smaller than sarcomata, and the latter, as a rule, exceed in size cancerous growths.
7. The larger the tumor, the smaller is usually the pedicle.
8. Fibromata are generally movable and are unaccompanied by ascites, while sarcomata are usually attended with effusion.
9. Fibromata have a firm, hard consistence, sarcomata being soft, and cancerous tumors hard but friable.
10. Cancer of the ovary is more prone to early metastasis than sarcoma, and also extends along the lymphatics.

Torsion of Ovarian Cysts during Pregnancy.—PETRITSCHKE (*Inaug. Dis.; Centralblatt für Gynäkologie*, 1900, No. 26) has collected thirty-two cases, including two of his own, in twenty-six of which torsion occurred during pregnancy. The cause of the accident was discoverable in only two. In his experience it does not take place with solid ovarian tumors. In only three was the diagnosis certainly made before operation.

Symptoms of Solid Ovarian Tumors.—DARTIGNES (*Centralblatt für Gynäkologie*, 1900, No. 26) presents a résumé of this subject as follows:

Fibroma. Symptoms may be entirely absent in the early stage, aside from occasional colicky pains and disturbances of menstruation. On examination, a smooth, hard, movable tumor, not larger than a mandarin, is felt in the cul-de-sac or at the side of the uterus. As it increases in size menorrhagia or metrorrhagia may be present. Later pressure symptoms and enlargement of the abdomen are noted, occasionally moderate ascites. The general health is rarely affected, and the tumor may exist for fifteen years. Incision of the pedicle is rare.

Sarcoma. There may be few symptoms in the early stage, though ascites may develop rapidly. Pain and disturbance of menstruation are more common than in the case of fibromata. The results of physical examinations are nearly the same in both, except that œdema of the lower limbs often accompanies sarcoma, and both ovaries may be affected. The growth of sarcoma may be slow (thirteen years in one case) or rapid; it is favored by pregnancy. Metastasis is indicated by ascites, œdema, enlarged abdomen, and rapid decline in health. The prognosis as regards recurrence after operation is better than in the case of cancer.

Cancer. The latent period is uncertain, and ascites is by no means a constant accompaniment. Pain is often absent at first; emaciation and general symptoms occur earlier than in the case of fibroma and sarcoma. There is no characteristic menstrual disturbance; pressure symptoms are gradual in their development.

Benign Peritoneal Infection.—AUCHE and CHAVAUNAZ (*Revue de Gyn. et de chir. Abdom.; Centralblatt für Gynäkologie*, 1900, No. 26) conducted a series of bacteriological examinations with the view of determining how often infection occurred in aseptic operations. Twenty cases were observed in which recovery followed abdominal section. In seventeen micro-organisms were found in the peritoneal cavity at the end of the operation, though not